| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |                                                           |                                           |                                               |                                                    |              |                                            |            | Application or Docket Number |                        |     |                     |                        |  |
|------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------|----------------------------------------------------|--------------|--------------------------------------------|------------|------------------------------|------------------------|-----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |                                                           |                                           |                                               |                                                    |              |                                            | SM.<br>TYF | ALL EN                       |                        | OR  | OTHER THAN          |                        |  |
| U.S. NATIONAL STAGE FEES                                               |                                                           |                                           | (Colum                                        | n 1)                                               | (Column 2)   |                                            |            | DATE                         | T                      | 1 . |                     |                        |  |
| BASIC FEE                                                              |                                                           |                                           | CAAAA FAIT                                    |                                                    |              |                                            | RATE       |                              | FEE                    |     | RATE                | FEE                    |  |
|                                                                        |                                                           |                                           | ļ                                             | SMALL ENT. = \$ 160<br>atlaties PCT Article 33(1)- |              | LARGE ENT. = \$ 300 All other situations = |            | BASIC FEE                    |                        | OR  | BASIC FEE           |                        |  |
| EXAMINATION FEE                                                        |                                                           |                                           | (4) = \$ 50                                   | /\$ 100                                            |              | 100 / \$ 200                               | EXA        | A. FEE                       | <u>.</u>               |     | EXAM, FEE           |                        |  |
| SEARCH FEE                                                             |                                                           |                                           | U.S. is ISA = \$ ALL other co: \$ 200 / \$    | untries =                                          |              | her situations =<br>260 / \$ 600           | SEA        | RCH FEE                      |                        |     | SEARCH FEE          |                        |  |
| FEE FOR EXTRA SPEC. PGS.                                               |                                                           |                                           | min                                           | us 100 =                                           |              | / 50 ≐                                     | X          | 125 =                        |                        |     | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS                                                |                                                           |                                           | mi                                            | nus 20 =                                           | •            |                                            | ×          | \$ 25 =                      | ·                      | OR  | X \$ 50 =           | · · · · · ·            |  |
| INDEPENDENT CLAIMS                                                     |                                                           |                                           | n                                             | ninus 3 =                                          | *            |                                            | X          | 100 =                        |                        | OR  | X \$ 200 =          | ·                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |                                                           |                                           |                                               |                                                    |              |                                            | + 5        | 180 =                        | ·                      | OR  | + \$ 360 =          |                        |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |                                                           |                                           |                                               |                                                    |              |                                            | T          | OTAL                         |                        | OR. | TOTAL               |                        |  |
|                                                                        | 0-6-6                                                     | (Column 1) CLAIMS REMAINING               | AMENDED - PART II  (Column 2)  HIGHEST NUMBER |                                                    |              | (Column 3)                                 | SMALL EN   |                              | ADDI-                  | OR  | OTHER<br>SMALL E    | ADDI-                  |  |
| AMENDMENT A                                                            |                                                           | AFTER<br>AMENDMENT                        |                                               | PREVIO                                             | FOR          | EXTRA                                      | <u> </u>   | WIE .                        | TIONAL<br>FEE          |     | RATE .              | TIONAL                 |  |
|                                                                        | Total                                                     |                                           | Minus                                         | " 2                                                | 0            |                                            | X          | \$ 25 =                      | -                      | OR  | X \$ 50 =           |                        |  |
|                                                                        | Independent                                               | 7                                         | Minus                                         | ···· 6                                             |              | - /                                        | X          | 100 =                        |                        | OR  | X \$ 200 =          | 200                    |  |
|                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM            |                                           |                                               |                                                    |              |                                            | + \$       | 180 =                        |                        | OR  | + \$ 360 =          |                        |  |
| •                                                                      |                                                           |                                           |                                               |                                                    | •            |                                            |            | L ADDIT.<br>FEE              |                        | OR  | TOTAL ADDIT.<br>FEE | 200                    |  |
|                                                                        |                                                           | (Column 1)                                |                                               | (Colur                                             | nn 2)        | (Cotumn 3)                                 |            |                              |                        |     |                     |                        |  |
| AMENDMENT B                                                            |                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                               | HIGH<br>NUM<br>PREVIO<br>PAID                      | BER<br>DUSLY | PRESENT<br>EXTRA                           | f          | ATE                          | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                        | Total                                                     |                                           | Minus                                         | ••                                                 |              | ÷                                          | X          | \$ 25 =                      |                        | OR  | X \$ 50 =           |                        |  |
|                                                                        | Independent                                               |                                           | Minus                                         | ***                                                |              |                                            | X          | 100 =                        | ·                      | OR  | X \$ 200 =          |                        |  |
|                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = |                                           |                                               |                                                    |              |                                            |            | 180 =                        |                        | or  | + \$ 360 ≠          |                        |  |
|                                                                        |                                                           | -                                         |                                               |                                                    |              |                                            |            | L ADDIT.<br>FEE              |                        | OR  | TOTAL ADDIT.<br>FEE |                        |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
"If the Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.